



## HORSE DRAWN CARRIAGE OPERATOR FITNESS FOR DUTY PHYSICIAN'S STATEMENT

### ***Applicant Information:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### ***Physician Information:***

Based upon your review of the job description and your review of \_\_\_\_\_  
\_\_\_\_\_ physical condition, please assist the applicant  
and us by completing this form and returning it to us via fax at (912) 525-1629.

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I hereby certify that having examined this applicant, I find him/her:                      Qualified ☐  
to perform the suggested job duties as described below:                      Not Qualified ☐

- |   |  |
|---|--|
| • Verbal communication                                  | • Getting in & out of the carriage                     |
| • Having 20/20 vision or prescription lenses            | • Driving in all weather conditions                    |
| • Assisting passengers getting in & out of the carriage | • Driving a minimum of 40 hours per week, day or night |

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_